Semi-Annual Statement of No Activity		Type or print in ink	STATEMENT OF NO ACTIVITY	
		7 ,	Date Stamp	CALIFORNIA 425
for use by recipient committees that have not received a luring the six-month period covered by a semi-annual size elective office may not use this form. See the Information Manual on Campaign Disclosure Provint of the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to be provided to you pursuant to the Information required to you pursuant	atement. Candidate controlled of sions of the Political Reform Act for a	committees formed for		For Official Use Only
. Committee Information	I.D. NUMBER	Treasurer(s)		•
COMMITTEE NAME		NAME OF TREASURER		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIF	P CODE AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASU	IRER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	СІТҮ	STATE ZIF	P CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS		
Period of No Activity No contributions have been received and no expect the compact of the following boxes and compact of the following boxes are considered to the follow		ing the period covering the d		ugh December 31, 20
3. Verification				
I have used all reasonable diligence in preparing true and complete. I certify under penalty of per				nformation contained herein is
Executed on		BySIGNATUF	RE OF TREASURER/ASSISTANT TRE	:ASURER